

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT
<p>The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payments System.</p>

AGENCY INFORMATION			
FEDERAL PROGRAM AGENCY <div style="text-align: center; font-weight: bold; margin-top: 10px;">NASA AMES RESEARCH CENTER</div>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> AGENCY IDENTIFIER: <div style="text-align: center; font-weight: bold;">NASA</div> </td> <td style="width: 33%; border: none;"> AGENCY LOCATION CODE (ALC): <div style="text-align: center; font-weight: bold;">80-00-1201</div> </td> <td style="width: 33%; border: none;"> ACH FORMAT: CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP </td> </tr> </table>	AGENCY IDENTIFIER: <div style="text-align: center; font-weight: bold;">NASA</div>	AGENCY LOCATION CODE (ALC): <div style="text-align: center; font-weight: bold;">80-00-1201</div>	ACH FORMAT: CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
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ADDRESS: <div style="text-align: center; font-weight: bold; margin-top: 10px;">ACCOUNTING OPERATIONS BRANCH, M/S 203-18</div>			
<div style="text-align: center; font-weight: bold; margin-top: 10px;">MOFFETT FIELD, CA 94035-1000</div>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">CONTACT PERSON NAME:</td> <td style="width: 40%; border: none;">TELEPHONE NUMBER</td> </tr> </table>	CONTACT PERSON NAME:	TELEPHONE NUMBER	
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ADDITIONAL INFORMATION: <div style="text-align: center; font-weight: bold; margin-top: 10px;">FAX NO. (650) 604-1191 or -0638</div>			

PAYEE/COMPANY INFORMATION		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">NAME</td> <td style="width: 40%; border: none;">SSN NO. OR TAXPAYER ID NO.</td> </tr> </table>	NAME	SSN NO. OR TAXPAYER ID NO.
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<div style="text-align: center; font-weight: bold; margin-top: 10px;">E-MAIL ADDRESS-for notification of pmt date</div>		
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FINANCIAL INSTITUTION INFORMATION
NAME:
ADDRESS:
ACH COORDINATOR NAME:
TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER:
DEPOSITOR ACCOUNT TITLE:
DEPOSITOR ACCOUNT NUMBER:
TYPE OF ACCOUNT:
<div style="text-align: center; font-weight: bold; margin-top: 10px;">CHECKING SAVINGS LOCKBOX</div>
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)
TELEPHONE NUMBER:

NSN 7540-01-274-9925

SF 3881 (Rev 12/90)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 210